

Application Source:**File Type:** Delimited**File Group:****Reinsurance Year:** 2011**Record Name:** CIMS Request**Version:** Approved**Record Code:** C5**Release Date:** 6/30/2010

<u>Record Number</u>	<u>Output</u>	<u>Field Number</u>	<u>Field Name</u>	<u>Data Type</u>	<u>Max Length</u>	<u>Format</u>	<u>BUS Key</u>	<u>Req?</u>	<u>Rules</u>
C5		1	Record Type Code	Numeric	2				Required. Must be 05.
C5		2	Reinsurance Year	Numeric	4	CCYY			Required. The Reinsurance Year. CCYY format.
C5		3	Approved Insurance Provider	Character	2				Required. Edit with AIP/Company table.
C5		4	Policy Location State	Numeric	2	9(2)			Required. Edit with FIPS State table.
C5		5	Policy Issuing Company	Numeric	3	9(3)			Required. Edit with company table. Must be valid Pic code for reinsurance year.
C5		6	Policy Number	Numeric	7	9(7)			Required. Must be > zeros.
C5		7	Crop Year	Numeric	4	9(4)			Required. Must be the crop year of the crops reported under the policy. This will equal the Reinsurance Year or Reinsurance Year +/- 1 for applicable crop code.
C5		8	Crop Code	Numeric	4	9(4)			Required; Edit with ADM2. See Exhibit 99-a.
C5		9	Insurance Plan Code	Numeric	2	9(2)			Required; Edit with ADM2. See Exhibit 99-a.
C5		10	Policy Location County	Numeric	3	9(2)			Required; Edit with FIPS County Table.
C5		11	FSA Admin State	Numeric	2	9(2)			FIPS code for FSA Administrative State if different from Location State when reporting Common Land Unit in Land Location. Optional. If no FSA Admin State, Zero Fill.
C5		12	FSA Admin County	Numeric	2	9(2)			FIPS code for FSA Administrative County if different from Location County when reporting Common Land Unit in Land Location. Optional. If no FSA Admin County, Zero Fill.

"*" = Output Only

7/7/2010

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C5		13	CIMS Request Flag	Character	1				Required. Must be: P = Primary Insured Producer Information S = Primary Insured and Reported SBI Producer Information B = Producer and Acreage for Primary Insured Producer
C5		14	Statewide Application Indicator	Character	1				Required. Must be: Y = Policy was accepted by RMA as state application. N = Policy was not accepted by RMA as state application. A separate request will be required for each state under a state wide application.
C5		11	Filler	Character	559				Must be spaces.

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Record Level Rules

The inside file name for the request should be in the following format:

XXYRYYYYMMDDHHMMSS.REQ

XX= AIP Code

XX= AIP Code

YR= Reinsurance Year of the data requested

YYYY= Request Date Year

MM = Request Date Month

DD = Request Date Day

HH = Request Time Hour

MM = Request Time Minutes

SS = Request Time Seconds

The file must be zipped and the zip name must be XXYRCIMS. ZIP

XX= AIP Code

YR= Reinsurance Year of the data requested